



## HEALTHCARE PROVIDER RESOURCES

### Clinical Diagnosis

Many people infected with Zika virus are asymptomatic. Characteristic clinical findings are acute onset of fever with maculopapular rash, arthralgia, or conjunctivitis. Other commonly reported symptoms include myalgia and headache. Clinical illness is usually mild with symptoms lasting for several days to a week. Severe disease requiring hospitalization is uncommon and case fatality is low. However, there have been cases of Guillain-Barré syndrome reported in patients following suspected Zika virus infection.

Zika virus infection during pregnancy is a cause of microcephaly and other severe fetal brain defects. Due to concerns of microcephaly caused by maternal Zika virus infection, fetuses and infants of women infected with Zika virus during pregnancy should be evaluated for possible congenital infection and neurologic abnormalities.

For more information on diagnosing Zika virus, consult the [CDC Zika Virus website](https://www.cdc.gov/zika/).

Zika virus disease is a nationally notifiable condition. Healthcare providers should report suspected Zika virus disease cases to their state, local, or territorial health department to facilitate diagnosis and mitigate risk of local transmission. State, local, and territorial health departments should report laboratory-confirmed and probable cases to CDC.

### Who Should Be Tested for Zika

All pregnant women should be assessed for possible Zika virus exposure at each prenatal care visit. Possible exposure to Zika virus that warrants testing includes:

- Travel to an area with risk of Zika, or
- Sex (vaginal, anal, and oral sex) without a condom, or sharing sex toys with a person who traveled to or lives in an area with risk of Zika.

For more information on testing and diagnosis of Zika virus, visit the following CDC webpage: <https://www.cdc.gov/zika/hc-providers/pregnant-women/testing-and-diagnosis.html>

**Pregnant women who have been exposed to Zika should be tested regardless of whether they have symptoms of Zika or not.**

In addition, CDC recommends Zika virus testing for anyone who is not pregnant but who has been exposed to Zika **and** who also has Zika symptoms. This is particularly important for women who may become pregnant and for the sexual partners of women who are pregnant or who may become pregnant.

Not all patients will meet the criteria for Zika virus testing. Please continue to monitor the CDC website and clinical advisories for current testing guidelines.

# New Hampshire Department of Health and Human Services Zika Virus Resource Guide



Laboratory testing for congenital Zika virus infection is recommended for infants born to mothers with laboratory evidence of Zika virus infection during pregnancy, and for infants who have abnormal clinical findings suggestive of congenital Zika virus syndrome and a maternal epidemiologic link suggesting possible transmission, regardless of maternal Zika virus test results. For more information on testing for congenital Zika in infants, visit the following webpage: <https://www.cdc.gov/zika/hc-providers/test-specimens-at-time-of-birth.html>.

## Travel

Healthcare providers should continue to monitor the CDC website for the most current information about where Zika virus outbreaks are occurring, and advise pregnant women or couples planning on becoming pregnant to avoid travel to these areas. More information about counseling travelers to Zika-affected areas is available by clicking on the infographic to the right.

**CDC's Response to Zika**  
**COUNSELING TRAVELERS**  
Women and Men of Reproductive Age Who are Considering Travel to Areas with Risk of Zika

This guide describes recommendations to providers for counseling women and men of reproductive age who are considering travel to areas with risk of Zika. This material includes recommendations from CDC's interim guidance<sup>1</sup> and talking points to cover while discussing recommendations.

Recommendation	Key Issues	Talking Points
Assess risk of Zika exposure and prevention	Environment	Discuss whether the planned area of travel is an area with risk of Zika ( <a href="http://www.cdc.gov/zika/travel-information.html">see CDC Zika Travel Information website</a> ). Advise couples who are considering conceiving in the near future to postpone non-essential travel to areas with a <a href="http://www.cdc.gov/zika">CDC travel risk</a> . Discuss environment in which patient will be staying; advise traveler to stay in hotel rooms or other accommodations that are air conditioned or have good window and door screens to keep mosquitoes outside. Discuss mosquito bite prevention, including insect repellent, clothing (including permethrin-treated <sup>2</sup> ), and bed net use. Discuss how to prevent sexual transmission during and after the trip.
Discuss Zika infection	1. Signs and symptoms of Zika virus disease 2. When to seek care 3. Treatment 4. Preventing transmission after returning home	Many people infected with Zika won't have symptoms or will have only mild symptoms. The most common symptoms of Zika are fever, rash, arthralgia, and conjunctivitis; other common symptoms include myalgia and headache. Most cases last about a week. Zika infection during or just before pregnancy may cause poor pregnancy and infant outcomes, including birth defects. Guillain-Barre syndrome is possibly triggered by Zika in a small proportion of infections, as it is after a variety of other infections. People who have possibly been exposed and develop symptoms consistent with Zika should see a healthcare provider and report their travel history to their sexual partner(s) if they have been to an area with risk of Zika. If females develop symptoms of Zika, they should rest, stay hydrated, and take acetaminophen for fever or pain. To reduce the risk of hemorrhage, aspirin or other NSAIDs should not be taken until dengue can be ruled out. To help prevent others from getting sick, people infected with Zika should prevent the spread of Zika through sex by using condoms or not having sex for 6 weeks (men) or 8 months (women). They should also strictly follow steps to prevent mosquito bites during the first week of illness. Even if they do not feel sick, females traveling from an area with risk of Zika should take steps to prevent mosquito bites for 3 weeks. These steps will prevent them from passing Zika to mosquitoes that could spread the virus to other people. Zika can be passed to the fetus during pregnancy or at delivery if a woman is infected during pregnancy. Zika infection during pregnancy can cause microcephaly and other severe fetal brain defects. Children with microcephaly often have serious problems with development and can have other neurologic problems, such as seizures. Zika has been linked to other problems in pregnancies and among babies and children infected with Zika before birth, such as microcephaly, stillbirth, defects of the eye, hearing deficits, and impaired growth. There is no evidence that Zika infection poses an increased risk for birth defects in future pregnancies after the virus has cleared from the blood.
Discuss Zika infection and pregnancy	Possible adverse outcomes of Zika infection during pregnancy	

[www.cdc.gov/zika](http://www.cdc.gov/zika)

For an updated map of affected countries, visit the CDC's [Traveler's Health](http://www.cdc.gov/travel/health) page.



## Zika and Pregnancy

CDC provides a number of clinical resources for the screening, testing, and clinical management of pregnant women with known or suspected Zika virus infection. The following links will access CDC PDF files for these tools.

## Zika screening tool for pregnant women

# CDC's Response to Zika

## ZIKA SCREENING TOOL FOR PREGNANT WOMEN

*(To be administered by nurse or other healthcare provider)*

All pregnant women should be assessed for possible Zika virus exposure at each prenatal care visit. Use this tool to evaluate pregnant women for exposure to Zika virus and for signs and symptoms of Zika virus disease to determine whether testing is indicated.

**NOTE:** If your pregnant patient has questions about Zika testing, educational handouts are available on CDC's website: [www.cdc.gov/zika/ncid/assessingpregnant-woman.html](http://www.cdc.gov/zika/ncid/assessingpregnant-woman.html)

Visit CDC's  
website  
to learn an  
updated map  
of areas with  
risk of Zika\*

[www.cdc.gov/zika/ncid/countrysituation.html](https://www.cdc.gov/zika/ncid/countrysituation.html)

This page shows areas with a CDC Zika travel notice as well as areas with risk of Zika from CDC pregnancy or up to 8 weeks before during pregnancy or up to 8 weeks before last menstrual period. The travel notices are kept up-to-date with changing in the travel notices.

**Assess the patient for exposure to an area with risk of Zika\* or having a sex partner with such exposure by asking:**

I have you lived in one of these areas during pregnancy or up to 8 weeks before last menstrual period?

Circle response

YES NO

I have you traveled to one of these areas during pregnancy or up to 8 weeks before last menstrual period?

YES NO

During pregnancy, have you had unprotected sex with a partner who lived in or traveled to one of these areas?

YES NO

If the patient answered yes to any of the questions regarding exposure to an area with a CDC Zika travel notice, she should be tested in accordance with CDC guidance for pregnant women (below).

If the patient answered yes to an area with risk of Zika but no CDC Zika travel notice, assess the patient for possible Zika virus infection. Does the patient:

Circle response

1. Currently have or had in the last 12 weeks fever, rash, joint pain, muscle pain, headache, or red eyes? YES NO

2. Have evidence of abnormalities consistent with Zika been seen on ultrasound? YES NO

\*If "No" to either question, test in accordance with CDC guidance for appropriate management of pregnant women exposed to areas without a CDC travel notice. In both cases, test results can usually be confirmed by PCR testing on blood samples.

Patients who answered "NO" to ALL questions are at low risk for exposure to Zika virus infection.

\*Footnotes:

1. Areas with risk of Zika (the shaded areas) include all areas with international borders.

2. Areas with the potential to enter with a CDC Zika travel notice AND areas with risk of Zika from CDC pregnancy or up to 8 weeks before last menstrual period.

3. Areas with the potential to enter with a CDC Zika travel notice AND areas with risk of Zika from CDC pregnancy or up to 8 weeks before last menstrual period.

U.S. Department of  
Health & Human Services  
Centers for Disease  
Control and Prevention

**This Graphic links to the Zika Screening Tool Link**

Lab specimens should be sent to the New Hampshire Public Health Laboratories if you do not have an established relationship with a laboratory that performs these tests.

- For assistance in determining clinical relevance or clinical response to test results, the CDC has developed interim guidance for lab results interpretation.

- ## More Resources from the CDC

For more clinician resources and materials for patients from the CDC, please [visit the CDC's Healthcare Providers webpage](#).

CDC maintains a 24/7 Zika consultation service for health officials and healthcare providers caring for pregnant women. To contact the service, call 770-488-7100 and ask for the Zika Pregnancy Hotline or email [ZIKAMCH@cdc.gov](mailto:ZIKAMCH@cdc.gov).